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FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form

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COMMITTEE NAME (Must be same as on Statement of Org	anization)	FO	RM 1
COMMITTEE TO ELECT TOM WATSON			R-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	lideta (7) School Board or Other Political	(Rev.	12/2009) REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name TOM WATSON	Political Party (if applicable) REPUBLICAN	Scan	ned Dubuter
Office Sought COUNTY SUPERVISOR	District (if Senate or House)	Audit	
Late reports are subject to possible civil and criminal penalties. P candidate's committee, and the chairperson, for any other type of SIGNATURE OF PERSON FILING REPORT	ursuant to Iowa Code sections 68B.32A() committee, is the individual responsible  TELEPHONE		01(3), the candidate, for a sly and accurate reports.  - /9 - 20   2  DATE SIGNED
		WANNON EL	ECTION VEAR
I AM FILING A 1-19-2012	REPORT FOR (1) ELECTION Indicate by #		ECTION FEAT.
(report date)			
CHECK IF AMENDMENT TO REPORT DATED		Local Commit	ttees, enter Date of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3. ed.)	County & Loc which Electio LINN	al Committees, enter County in n is held
STATEMENT OF CASH ON HAI	ND	1934 (St. \$4.50); FR. \$4.6	A CONTRACTOR OF SERVICES AND
CASH ON HAND at the beginning of the reporting period. ( committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Total of all funds held by the	\$	144.21
ADD TOTAL MONEY TAKEN IN THIS PERIOD			0.00
Schedule A: Cash Contributions total (Attach Sch	edule A) (*also see in-kind below)		0.00
Schedule F: Loans Received total (Attach Schedu	ıle F)		0.00
Schedule H: Total Sales of Campaign Property (A	ttach Schedule H)		0.00
(Schedule H applies to Candidates' Co	mmittees Only)		144.21
	SUB-TOTAL	\$	177.21
SUBTRACT TOTAL MONEY SPENT THIS PERIO			144.21
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans below)		0.00
Schedule F: Loan Repayments total (Attach Sche	edule F)	*******	
CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$	0.00
**UNPAID BILLS (From Schedule D - Attach Schedule D).		\$	3,597.88
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc	hedule E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Sche	edule F)	\$	1,174.46
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES ✓ NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - /	Attach Schedule H)	\$	0.00
STATE COMMITTEES: Submit a reconciled campaign acc		ch year.	c . l

10+4

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT TOM WATSON

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

THE REAL PROPERTY AND ADDRESS OF THE PERSON
Reset Form
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SCHEDULE	INCURRED
(Rev. 08/98)	INDEBTEDNESS
	CK THIS BOX MENDING M

## DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4-28-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	campaign brochures and mail merge purchased from Adcraft Printing	\$ 401.88
5-09-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	United States Postal Service postage for bulk mailing for campaign brochures	860.00
5-09-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	red dot stickers for flyers purchased from Staples	25.00
5-29-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	campaign brochures from Adcraft printing	608.44
5-30-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	United States Postal Service postage for mailing campaign brochures	887.98
5-31-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	United States Postal Service postage for mailing campaign brochures	160.00
5-30-08	TOM WATSON 2293 BURT ROAD PALO, IA 52302	WMT Radio	654.50
		SUB-TOTAL	s

SUB-TOTAL

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

3597.80

3597.80

Page of (for Schedule D)

CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

20+4

<sup>\*</sup>If actual figure is unknown, show "estimated" beside the figure.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM WATSON

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/13/2011	ID# CK#	WELLS FARGO	MONTHLY MAINTENANCE FEE AND STATE SALES TAX	\$ 2.68
2/13/2011	ID# CK#	WELLS FARGO	MONTHLY MAINTENANCE FEE AND STATE SALES TAX	2.68
3/13/2011	ID# CK#	WELLS FARGO	MONTHLY MAINTENANCE FEE AND STATE SALES TAX	2.68
5/25/2011	ID# CK#	TOM WATSON	EOAN REPAYMENT	136.17
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID#			

TOTAL (if last page of this schedule)

\$ 144.21

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page

(for Schedule B)

INSTRUCTIONS, SEE			RESET	CHEDULE	LOAN
MITTEE NAME (Must	be same as on Statement of Organization)		(!	Rev. 02/08)	RECEIV
MMITTEE TO ELE	CCT TOM WATSON		-	Taurau	& REPA
E: This schedule repo	rts money loaned to the committee which is depo	osited in the committee accou	int.	CHECK	
TI MONETARY IO	ROM LAST REPORTING PERIOD \$ 1174.46  ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third		ans from candidat	te's personal f	unds.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)		ONSHIP TO E (If Applicable*)	AMOUNT	OF LOAN
(MM/DD/YR)				\$	
			, of the cities con		
			TO PAY SA AMBANDAN AND AND AND AND AND AND AND AND AN		100000
	OAN REPAYMENTS MADE THIS REPORTING In must be reported on Schedule E In-kind Con		RT I)	\$	
(Loans forgiver	n must be reported on Schedule E - In-kind Con	S PERIOD tributions.)	ONSHIP TO	\$	
(Loans forgiver	n must be reported on Schedule E In-kind Con	S PERIOD tributions.)			
(Loans forgiver	n must be reported on Schedule E - In-kind Con	S PERIOD tributions.)	ONSHIP TO	AMOUNT	
(Loans forgiver	n must be reported on Schedule E - In-kind Con	S PERIOD tributions.)	ONSHIP TO	AMOUNT	
(Loans forgiver	n must be reported on Schedule E - In-kind Con	S PERIOD tributions.)	ONSHIP TO	AMOUNT	
(Loans forgiver	n must be reported on Schedule E In-kind Con  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	S PERIOD tributions.)	ONSHIP TO E* (If Applicable)	AMOUNT	
(Loans forgiver	n must be reported on Schedule E In-kind Con  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATI CANDIDATI	ONSHIP TO E* (If Applicable)	\$	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Con  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOT	RELATI CANDIDATI  TAL CASH REPAYMENTS (F	ONSHIP TO E* (If Applicable)  PART II)  IVEN	AMOUNT	REPAID